

Instructions For Order to Show Cause

WHEN TO USE THIS PACKET

Use this packet to obtain or modify orders for custody, visitation, child or spousal support as well as other issues. It can be used when the case is first opened and served with the Summons and Petition or it can be used in an existing case to get new orders or modify existing orders. The Order to Show Cause must be signed by the Judge prior to getting a court date and must be personally served on the other party.

Once the documents are signed by the court, you will be given a court date. If custody and/or visitation are one of the issues, a mediation date will be set as well.

This packet includes an **"Order to Show Cause"** [FL-300], **"Application for Order and Supporting Declaration"** [FL-310], " a **"Declaration Under UCCJEA"** [FL-105] which need be completed if you have children, a **"Financial Statement"** [FL 155], **Proof of Personal Service** [FL 330] and a **"Mediation Referral Form"** along with instructions for completing the forms. There is also a blank **"Responsive Declaration"** [FL 320], which is served with the above documents.

There is a \$37 filing fee for filing the enclosed forms if the parties have not been to mediation before or if there are no issues of custody and visitation. If there has been prior mediation, the filing fee is \$59. You may be eligible for a **"Fee Waiver"** which is available as a separate packet.

Once the Order to Show Cause documents are filled out, filed and signed by the court and a court date assigned, a copy of the documents must be personally served on the other party. A Proof of Personal Service must be completed by the person who serves the OSC on the other party and then filed with the court.

SAMPLE

FORMS

How to fill out

ORDER TO SHOW CAUSE (FL-300)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FL-300
<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">1</div> <div style="font-size: x-small;">TELEPHONE: (Optional) FAX NO: (Optional)</div> <div style="font-size: x-small;">EMAIL ADDRESS: (Optional)</div> <div style="font-size: x-small;">ATTORNEY FOR (Name):</div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2</div> <div style="font-size: x-small;">STREET ADDRESS:</div> <div style="font-size: x-small;">MAILING ADDRESS:</div> <div style="font-size: x-small;">CITY AND ZIP CODE:</div> <div style="font-size: x-small;">BRANCH NAME:</div> </div>	
<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">3</div> <div style="font-size: x-small;">PETITIONER:</div> <div style="font-size: x-small;">RESPONDENT:</div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">4</div> <div style="font-size: x-small;">ORDER TO SHOW CAUSE FOR</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="font-size: x-small;"> <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation <input type="checkbox"/> Injunctive Order </div> <div style="font-size: x-small;"> <input type="checkbox"/> Child Support <input type="checkbox"/> Spousal Support <input type="checkbox"/> Other (specify): </div> </div> <div style="width: 35%; font-size: x-small;"> <input type="checkbox"/> MODIFICATION </div> </div> <div style="font-size: x-small; margin-top: 5px;">CASE NUMBER:</div> </div>	
<div style="font-size: x-small;"> 1. TO (name): 2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE RELIEF SOUGHT IN THE ATTACHED APPLICATION SHOULD NOT BE GRANTED. If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed below. </div>		
<div style="font-size: x-small;"> 6. a. Date: _____ Time: _____ Dept.: _____ Room: _____ b. The address of the court is <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____ c. <input type="checkbox"/> The parties are ordered to attend custody mediation services as follows: </div>		
<div style="font-size: x-small;"> 8. 3. THE COURT FURTHER ORDERS that a completed Application for Order and Supporting Declaration (form FL-310), a blank Responsive Declaration (form FL-320), and the following documents be served with this order: a. (1) <input type="checkbox"/> Completed Income and Expense Declaration (form FL-150) and a blank Income and Expense Declaration (2) <input type="checkbox"/> Completed Financial Statement (Simplified) (form FL-155) and a blank Financial Statement (Simplified) (3) <input type="checkbox"/> Completed Property Declaration (form FL-160) and a blank Property Declaration (4) <input type="checkbox"/> Points and authorities (5) <input type="checkbox"/> Other (specify): _____ b. <input type="checkbox"/> Time for <input type="checkbox"/> service <input type="checkbox"/> hearing is shortened. Service must be on or before (date): _____ Any responsive declaration must be served on or before (date): _____ c. <input type="checkbox"/> You are ordered to comply with the temporary orders attached. d. <input type="checkbox"/> Other (specify): _____ </div>		
<div style="font-size: x-small;"> 10. Date: _____ JUDICIAL OFFICER: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the incomes of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your incomes. Otherwise, the child support order will be based on the information supplied by the other parent. You do not have to pay any fee to file declarations in response to this order to show cause (including a completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date. </div> </div>		

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-300 (Rev. January 1, 2005)

ORDER TO SHOW CAUSE

Family Code, §§ 215, 270 et seq., 3000 et seq., 3500 et seq., 4300
 www.courtinfo.ca.gov

- ① Write your name, address, and telephone number here.
- ② Write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ③ Write the full names (first, middle, last) of the Petitioner and the Respondent. You are the Petitioner if you have started a case. You are the Respondent if another person started a case against you.
- ④ Check all boxes that apply, or check “Other” and tell the court what you are requesting. If this is to change a current court order, check MODIFICATION in addition to other boxes you may be checking.
- ⑤ Write the name(s) of the person(s) you are taking to court.
- ⑥ DO NOT FILL THIS IN. Take this form to the downtown courthouse 4th floor for a court date.
- ⑦ Check the box if the hearing is at the address listed in ② above. If the hearing is being held somewhere else, check that box and write in the address.
- ⑧ DO NOT FILL IN.
- ⑨ DO NOT FILL IN.
- ⑩ DO NOT FILL IN
- ⑪ Do nothing here. The judge signs and dates the Order.

PETITIONER: 1 RESPONDENT:	CASE NUMBER:
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APPLICATION FOR ORDER AND SUPPORTING DECLARATION

—THIS IS NOT AN ORDER—

1. ☐ Petitioner ☐ Respondent ☐ Claimant requests the following orders be made:

1. ☐ CHILD CUSTODY ☐ To be ordered pending the hearing

a. Child (name, age) b. Legal custody to (person who makes decisions about health, education, etc.)(name) c. Physical custody to (person with whom child lives)(name) d. ☐ Modify existing order (1) filed on (date): (2) ordering (specify):

2. ☐ CHILD VISITATION ☐ To be ordered pending the hearing

As requested in: a. ☐ Attachment 2a b. ☐ form FL-311 c. ☐ Other (specify): d. ☐ Modify existing order (1) filed on (date): (2) ordering (specify):

3. ☐ CHILD SUPPORT (An earnings assignment order may be issued.)

a. Child (name, age) b. Monthly amount (if not by guideline) \$ c. ☐ Modify existing order (1) filed on (date): (2) ordering (specify):

4. ☐ SPOUSAL OR PARTNER SUPPORT (An earnings assignment order may be issued.)

a. ☐ Amount requested (monthly): \$ b. ☐ Terminate existing order (1) filed on (date): (2) ordering (specify): c. ☐ Modify existing order (1) filed on (date): (2) ordering (specify):

5. ☐ ATTORNEY FEES AND COSTS a. ☐ Fees: \$ b. ☐ Costs: \$

6. ☐ PROPERTY RESTRAINT ☐ To be ordered pending the hearing

a. The ☐ petitioner ☐ respondent ☐ claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.

b. ☐ The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.

c. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.

d. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100) and *Temporary Restraining Order (Domestic Violence Prevention)* (form DV-110).

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-310 (Rev. January 1, 2015)

APPLICATION FOR ORDER AND SUPPORTING DECLARATION

Page 1 of 2
 Family Code, §§ 2045, 6254, 6226,
 6229–6232, 6380–6383
 www.courtinfo.ca.gov

How to fill out

APPLICATION FOR ORDER AND SUPPORTING DECLARATION (FL-310)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write or type in the names of the petitioner and respondent. You are the “Petitioner” if you have started a case. You are the “Respondent” if another person started a case against you.
- 2 Check the box that tells who is asking for court orders.
- 3 Check boxes if custody (who the child lives with) of a child/children should be decided. Under a., write the name and age of each child. Under b., write the name of the person to have custody. Check box c. if you want to change a current custody order. Write the date the current order was filed (1) and the name of the person given custody at that time (2). You may attach additional forms to further clarify the custody and visitation. If you include one of these forms make sure you check the correct box.
- 4 Check boxes if visiting rights should be decided. You must tell the court what visitation schedule you would like. You may write out the visitation schedule on a separate paper and label it Attachment 2a. Check the box if you use Attachment 2a. You may set out the schedule on Form FL-311. Check the box if you use Form FL-311. If you check “other” write exactly what you want the court to decide.
- 5 Check the box if you want child support. List the name and age of each child and the monthly amount of money you want for each child. Check box 3.c. if you want to change a current child support order. Put in the date the current order was filed and give information such as the amount of the current monthly payment.
- 6 Check the box if you are asking for spousal (husband or wife) support. Check box a. and list the monthly amount of money you want. Check box b. if you want the court to end a current order. Put in the date the current order was filed and write information such as amount of current monthly payment. Check box c. if you are asking the court to change a current order. Put in the date the current order was filed and give information.
- 7 If you want the court to order the other party to pay for attorney (lawyer) fees or costs, check one or both boxes, and write in the amount(s) you are asking.
- 8 This section keeps a person from selling, hiding, or giving away property. Property can be land, homes, belongings, money, insurance policies, etc. It also keeps a person from having to pay another person’s debts (money owed) after the court order is made. Check all boxes that apply. If you want this to be decided right away, check “to be ordered pending the hearing.”

APPLICATION FOR ORDER (FL-310)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* 11
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

<div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>PETITIONER: RESPONDENT:</div><div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div>CASE NUMBER:</div></div></div>	
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10 7. ☐ PROPERTY CONTROL ☐ To be ordered pending the hearing
a. ☐ The petitioner ☐ respondent is given the exclusive temporary use, possession, and control of the following property we own or are buying (specify):

b. ☐ The petitioner ☐ respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

<u>Debt</u>	<u>Amount of payment</u>	<u>Pay to</u>
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11 8. ☐ I request that time for service of the Order to Show Cause and accompanying papers be shortened so that these documents may be served no less than (specify number): _____ days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.

12 9. ☐ OTHER RELIEF (specify): _____

13 10. ☐ FACTS IN SUPPORT of relief requested and change of circumstances for any modification are (specify):
☐ contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

14 _____
(TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT)

FL-310 (Rev. January 1, 2008) APPLICATION FOR ORDER AND SUPPORTING DECLARATION Page 2 of 2

- 9 Write or type in the names of the petitioner and respondent.
- 10 Check the box after # 7 if you want the court to decide who will use certain property. If you want this decided right away, check “to be ordered pending the hearing.” For 7.a., check the box that applies to you, either petitioner or respondent. Describe the property in the space provided. For 7.b., check boxes if either the respondent or petitioner should make payments on any money owed during the court order. List in the space provided.
- 11 Check the box after # 8 if you want the court to order the other party served (delivered) with the documents in a shorter than normal time period (21 days by personal service or 26 days by mail). Fill in the number of days where circled. Say why you need the shorter time in (#9) below.
- 12 Check this box if you checked “Other” on the Notice of Motion or if you are asking the court to allow you to serve the documents in a shorter than normal time period (see #8 above). Write what you are asking and why in the space provided.
- 13 Check the box after # 10 and tell the court what you are requesting and why. Use the space to list facts or reasons. List dates and times starting with the most recent. If you need more space check the box next to “contained in the attached declaration” then attach an extra page with your reasons.
- 14 Date this form and print your name on the left. By signing your name on the right you are saying that everything written down is true and correct.

How to fill out

ATTACHED DECLARATION (MC-031)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: ❶
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

The image shows a sample of the MC-031 (Attached Declaration) form. It is a white form with black text and lines. At the top, there are two boxes: 'PLAINTIFF/PETITIONER:' and 'CASE NUMBER:'. Below these is a line for 'DEFENDANT/RESPONDENT:'. A note states: 'This form must be attached to another form or court paper before it can be filed in court.' The main body of the form is a large rectangular area for writing. At the bottom, there is a line for 'Date:' followed by a signature line. To the right of the signature line are checkboxes for 'Petitioner/Plaintiff', 'Respondent/Defendant', and 'Attorney'. Below these checkboxes is a line for 'OR (Signature):'. At the very bottom, there is a footer with 'Form Approved by the Judicial Branch of California MC-031 (Rev. January 1, 1995)' and 'WEST GROUP Official Publisher'.

❶

❷

❸

❹

This form is always attached to another form or court paper. It is never filed by itself.

- ❶ Write the names of the Plaintiff/Petitioner and Defendant/Respondent.
- ❷ Use this form with FL-310, Application for Order and Supporting Documentation if you ran out of room writing your facts.
- ❸ Date the form. Type or print your name on the left. Sign your name on the right.
- ❹ Check the box that identifies you as the Petitioner/Plaintiff, or as the Respondent/Defendant.

How to fill out DECLARATION UNDER UNIFORM CHILD CUSTODY Jurisdiction and Enforcement Act (FL-105)

DIRECTIONS:

- Find the number on the sample form. *Example:* 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Mailing Address): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		TELEPHONE NO.: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		FOR COURT USE ONLY	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		STREET ADDRESS: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		MAILING ADDRESS: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
CITY AND ZIP CODE: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		BRANCH NAME: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		CASE NAME: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)				CASE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	

1. I am a party to this proceeding to determine custody of a child.

2. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.

3. (Number): minor children are subject to this proceeding as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present <input type="checkbox"/> Confidential	Person child lived with (name and present address)	Relationship	
to			
to			
to			
to			
to			

b. Child's name: ☐ Residence information is the same as given above for child a. (If NOT the same, provide the information below.)

Period of residence	Place of birth	Date of birth	Sex
to present <input type="checkbox"/> Confidential			
to			
to			
to			
to			

c. ☐ Additional children are listed on Attachment 3c. (Provide requested information for additional children on an attachment.)

Page 1 of 2

Form Approved for Optional Use
Judicial Council of California
FL-105/GC-120 (Rev. January 1, 2003)

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

Family Code, § 3400 et seq.
Probate Code, §§ 16100, 1612
www.courtinfo.ca.gov

- 1 Write your name, your mailing address, and telephone number (if any).
 - 2 If not filled in for you, put in address. Write "Fresno" after COUNTY OF.
 - 3 Write Petitioner's last name v. Respondent's last name. *Example: Smith v. Smith.* You are the "Petitioner" if you have started a case. You are the "Respondent" if another person started a case against you.
 - 4 Check this box if you do not want to write your current address for reasons of safety. Fill in the number of children from the marriage (minor children – under age 18)
 - 5 For the first child, fill in their first and last name.
 - 6 Fill in city and state the child was born in.
 - 7 The child's date of birth (month, day, year)
 - 8 If the child is a boy, write M for male. If the child is a girl, write F for female.
- For 9) through 12) give information from current (now) to later for the past 5 years:**
- 9 The beginning and ending date the child lived at the address (from when to when).
 - 10 The child's current address is at the top, then the next last place the child lived, etc. *If you do not want to write where the child lives now for safety reasons, check "confidential" and do not list address.*
 - 11 Name of person (an adult) the child lives or lived with at the addresses you list.
 - 12 Relationship means how the child is related to the adult. For example, mother or father.
 - 13 Check the box below the second child's name ("Resident information is the same ...") if the information above is the same for this child. If you check this box you do not have to complete the boxes below.
 - 14 For more children, check the box and fill out Attachment 3c.

SHORT TITLE: 16	CASE NUMBER:
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17 4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Capacity of declarant: ☐ party ☐ witness ☐ other (specify):

c. Court (specify name, state, location):

d. Court order or judgment (date):

18 5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify):

c. Court (specify name, state, location):

d. Status of proceeding:

19 6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody or visitation rights with any child subject to this proceeding?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **20** _____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT)

21 7. ☐ Number of pages attached after this page:

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

FL-105/GC-120 (Rev. January 1, 2003) **DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)** Page 2 of 2

DECLARATION (FL-105)

- page two -

DIRECTIONS:

- ▶ Find the number on the sample form. *Example:* **16**
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 16** Write Petitioner's last name v. Respondent's last name. *Example:* Smith v. Smith
- 17** Check yes if you have ever been part of any legal case (in California or anywhere else) for custody of any child in this case.
 - If you check yes, fill out a. through d.
 - "Capacity of Declarant" asks if were you part of the case, a witness (called to testify/speak about the case), or in some other way involved.
- 18** Check yes if you know something about any pending (waiting for decision) custody case involving any child in this case.
 - If yes, fill out a. through d.
 - "Nature of proceeding" means type of case.
 - In "Status of proceeding" write what is now happening.
- 19** Give information about any person (other than you or your spouse) that the child lives with now, or thinks that they have custody or visiting rights.
- 20** Type or print your name (first, middle, last) on the line to the left, sign your name on the right.
- 21** Write in the number of pages that follow this one if you used any added pages to give more information.

DECLARATION (FL-105) – Attachment 3c

Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				

Attachment 3c
 DECLARATION UNDER
 UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJA)
FLFO

State Court's Essential Forms™
MD-1003C

- 15** Use this page if there are more than 2 children. Fill out the same way you did for the first two children. Ask for more forms if needed.

The image shows a sample of the FL-155 Financial Statement (Simplified) form. Numbered callouts point to the following sections:

- 1**: Petitioner's name and address.
- 2**: County of Fresno.
- 3**: Branch name, Central Branch.
- 4**: Section 1, where the filer indicates if they are the only source of income or if they have applied for TANF, SSI, or GA/GR.
- 5**: Section 2, where the filer provides information about children, including the number of children and the percentage of time each parent has them.
- 6**: Section 4, where the filer indicates their filing status (single, married filing jointly, head of household, or married filing separately).
- 7**: Section 5, where the filer provides their current gross income (before taxes) per month and lists the sources of income (Salary/wages, Retirement, Unemployment compensation, Workers' compensation, Social security, Disability, Interest income, etc.).
- 8**: Section 6, where the filer lists monthly expenses for the children (Day care, Health care, School, Education, Tuition, Travel expenses, etc.).
- 9**: Section 7, where the filer indicates if they have other children under age 18 living with them.
- 10**: Section 8, where the filer lists the average monthly amounts spent on various expenses (Job-related expenses, Required union dues, Required retirement payments, Health insurance costs, Child support, Spousal support, Monthly housing costs, etc.).
- 11**: Section 9, where the filer provides information about their current employment (Employer's name, address, telephone number, occupation, date started, date stopped, etc.).

How to fill out

FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

DIRECTIONS

- Find the number on the sample form.
Example: 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

- Don't use this form for:** Spousal Support, Attorneys Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 to see make sure you qualify. Then, write your name and address here.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- Check 1.a. if you are on TANF, SSI, or GA/GR and this is the only money you get. If you check this box, skip to **10** (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- For # 5, put in the amount of money you get each month before taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- Check the box after # 7 if you have other children under age 18 living with you, *who are not part of this case*. Put in the number of children and list the amount of money you spend each month on them.
- Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job and/or stopped & what income was.

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	CASE NUMBER: _____
---	--------------------

10. My estimate of the other party's gross monthly income (*before taxes*) is _____ \$

11. My current spouse's monthly income (*before taxes*) is _____ \$

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*). _____

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT) _____

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or wages
 - Disability
 - Unemployment
 - Interest
 - Workers' compensation
 - Social security
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

FL-155 (Rev. January 1, 2004) Page 2 of 2

FINANCIAL STATEMENT (FL-155)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 15
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 12 List the full name of both parties in the case.
- 13 Put in the total amount of money you think the other party makes in a month before taxes are taken out. If you have remarried write your current spouses income (before taxes).
- 14 If you want the court to know what your expenses are, you can attach page 3 of form FL-150.
- 15 Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- 16 Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

Make sure to attach check stubs for the last 2 months. Cross out your social security numbers.

**SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO**

Family Court Services Referral Form
2220 Tulare Street, Suite 1111
Fresno, Ca. 93721
(559) 488-3241

FAMILY COURT SERVICES REFERRAL FORM

Previous Contact? Yes ☐ No ☐ Counselor Name: _____
Domestic Violence? Yes ☐ No ☐ Date Closed: _____
Interpreter Needed? Yes ☐ No ☐ Language: _____

Case Name Write in your case name Case No. FILL-IN # Date _____
Orientation Date _____ Time _____
Mediation Date _____ Time _____
Court Date _____ Time _____ Department _____
Attorney Name: _____ Court ☐ Dept _____

Petitioner Fill-In Petitioner's Name Home Address Write In Their Address
City _____ State _____ Zip _____ Phone (H) _____ (W) _____
Attorney _____
Notification to Attorney ☐ Client ☐ Forms Given ☐ Mailed ☐ Date Mailed _____

Respondent Fill-In Respondent's Name Home Address Write In their Address
City _____ State _____ Zip _____ Phone (H) _____ (W) _____
Attorney _____
Notification to Attorney ☐ Client ☐ Forms Given ☐ Mailed ☐ Date Mailed _____

Claimant Fill-In 3rd Party's Name Home Address Write In Their Address
City _____ State _____ Zip _____ Phone (H) _____ (W) _____
Attorney _____
Notification to Attorney ☐ Client ☐ Forms Given ☐ Mailed ☐ Date Mailed _____

Children In Disputed Custody

Number of children 5 years old and older: _____

Name	Date of Birth	Living With
List All The Children Involved In This Case	<u>fill-in each child's birthdate</u>	<u>Fill-In For Each Child Listed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FL-330	
<p>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 (Name, state bar number, and address):</p> <div style="text-align: center; border: 1px solid black; width: 40px; height: 40px; margin: 10px auto; border-radius: 50%; line-height: 40px;">1</div> <p>TELEPHONE NO.: _____ FAX NO.: _____</p> <p>ATTORNEY? FOR (Name): _____</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p> <p>PETITIONER/PLAINTIFF: _____</p> <p>RESPONDENT/DEFENDANT: _____</p> <p>OTHER PARENT: _____</p>	<p style="text-align: center; font-weight: bold;">FOR COURT USE ONLY</p>
<p>PROOF OF PERSONAL SERVICE</p>	<p>CASE NUMBER _____</p>

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (name): _____
3. I served copies of the following documents (specify): _____

4. By personally delivering copies to the person served, as follows:

a. Date: _____

c. Address: _____

b. Time: _____

5. I am

a. ☐ not a registered California process server.

b. ☐ a registered California process server.

c. ☐ an employee or independent contractor of a registered California process server.

d. ☐ exempt from registration under Bus. & Prof. Code section 22350(b).

e. ☐ a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number (specify): _____

7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____

▶

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

How to fill out

**PROOF OF
PERSONAL SERVICE
(Family Law)
FL-330**

DIRECTIONS:

- ▶ Find a number on the sample form.
Example: ①
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

NOTE: the person serving the papers will use this form if they personally served the papers.

- ➊ Write your name, address, and telephone number.
- ➋ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ➌ Write the names of the parties. You are the “Petitioner” if you started the case. You are the “Respondent” if you did not.

The rest of this form is filled out by the person who serves the party for you. You can't serve the other party yourself. Someone who is over the age of 18 must **PERSONALLY** serve the other party. That person will complete the rest of this **PROOF OF SERVICE**.

- 4** Write the name of the person served.
- 5** Write the names and numbers of the papers served. (For example, “Notice of Motion.”)
- 6** Write in the date, address and time the papers were served.
- 7** Check box a., “not a registered California process server.”
- 8** Write the name, address and telephone number of the person who served the papers.
- 9** The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

PROOF OF PERSONAL SERVICE (Family Law) FL-330

- page two -

There is nothing to fill out on this page, but you should read these instructions.

How to fill out

RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION (FL-320)

DIRECTIONS

► Leave this form blank. The other party fills out this form.

FL-320	
<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</small> <small>TELEPHONE NO.: FAX NO.:</small> <small>ATTORNEY FOR (Name)</small> SUPERIOR COURT OF CALIFORNIA, COUNTY OF <small>STREET ADDRESS:</small> <small>MAILING ADDRESS:</small> <small>CITY AND ZIP CODE:</small> <small>BRANCH NAME:</small> <small>PETITIONER/PLAINTIFF:</small> <small>RESPONDENT/DEFENDANT:</small>	<small>FOR COURT USE ONLY</small>
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION	
<small>HEARING DATE:</small>	<small>CASE NUMBER:</small>
<small>TIME: DEPARTMENT OR ROOM:</small>	

1. ☐ **CHILD CUSTODY**
a. ☐ I consent to the order requested.
b. ☐ I do not consent to the order requested but I consent to the following order:

2. ☐ **CHILD VISITATION**
a. ☐ I consent to the order requested.
b. ☐ I do not consent to the order requested but I consent to the following order:

3. ☐ **CHILD SUPPORT**
a. ☐ I consent to the order requested.
b. ☐ I consent to guideline support.
c. ☐ I do not consent to the order requested, but I consent to the following order:
 (1) ☐ Guideline
 (2) ☐ Other (specify):

4. ☐ **SPOUSAL SUPPORT**
a. ☐ I consent to the order requested.
b. ☐ I do not consent to the order requested.
c. ☐ I consent to the following order:

5. ☐ **ATTORNEY FEES AND COSTS**
a. ☐ I consent to the order requested.
b. ☐ I do not consent to the order requested.
c. ☐ I consent to the following order:

Form Adopted for Mandatory Use
Judicial Council of California
FL-320 (Rev. January 1, 2003)

**RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE
OR NOTICE OF MOTION**

Page 1 of 2
www.courtinfo.ca.gov

DO NOT FILL OUT THIS FORM.
This form is filled out by the other party.

BLANK

FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
PETITIONER: RESPONDENT:	
ORDER TO SHOW CAUSE FOR <input type="checkbox"/> MODIFICATION <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation <input type="checkbox"/> Injunctive Order <input type="checkbox"/> Child Support <input type="checkbox"/> Spousal Support <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Attorney Fees and Costs	CASE NUMBER:

1. TO (name):
2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE RELIEF SOUGHT IN THE ATTACHED APPLICATION SHOULD NOT BE GRANTED. **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed below.**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
----------	-------	---------------------------------	--------------------------------

b. The address of the court is ☐ same as noted above ☐ other (specify):

c. ☐ The parties are ordered to attend custody mediation services as follows:

3. THE COURT FURTHER ORDERS that a completed *Application for Order and Supporting Declaration* (form FL-310), a **blank Responsive Declaration** (form FL-320), and the following documents be served with this order:

- a. (1) ☐ Completed *Income and Expense Declaration* (form FL-150) and a **blank** *Income and Expense Declaration*
- (2) ☐ Completed *Financial Statement (Simplified)* (form FL-155) and a **blank** *Financial Statement (Simplified)*
- (3) ☐ Completed *Property Declaration* (form FL-160) and a **blank** *Property Declaration*
- (4) ☐ Points and authorities
- (5) ☐ Other (specify):

b. ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before (date):
Any responsive declaration must be served on or before (date):

c. ☐ You are ordered to comply with the temporary orders attached.

d. ☐ Other (specify):

Date: _____

JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the incomes of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.

You do not have to pay any fee to file declarations in response to this order to show cause (including a completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date.

PETITIONER: RESPONDENT:	CASE NUMBER:
--------------------------------	--------------

APPLICATION FOR ORDER AND SUPPORTING DECLARATION

—THIS IS NOT AN ORDER—

☐ Petitioner ☐ Respondent ☐ Claimant requests the following orders be made:

1. ☐ CHILD CUSTODY ☐ To be ordered pending the hearing

a. Child (name, age)

b. Legal custody to
 (person who makes decisions
 about health, education,
 etc.)(name)

c. Physical custody to
 (person with whom child
 lives)(name)

d. ☐ Modify existing order
 (1) filed on (date):
 (2) ordering (specify):

- ☐ As requested in form

☐ FL-311

☐ FL-312

☐ FL-341(C)

☐ FL-341(D)

☐ FL-341(E)

 2. ☐ CHILD VISITATION ☐ To be ordered pending the hearing

As requested in:

a. ☐ Attachment 2a
 b. ☐ form FL-311
 c. ☐ Other (specify):

d. ☐ Modify existing order
 (1) filed on (date):
 (2) ordering (specify):

3. ☐ CHILD SUPPORT (An earnings assignment order may be issued.)

a. Child (name, age)

b. Monthly amount
(if not by guideline)
 \$

c. ☐ Modify existing order
 (1) filed on (date):
 (2) ordering (specify):

4. ☐ SPOUSAL OR PARTNER SUPPORT (An earnings assignment order may be issued.)

a. ☐ Amount requested (monthly): \$
 b. ☐ Terminate existing order
 (1) filed on (date):
 (2) ordering (specify):

c. ☐ Modify existing order
 (1) filed on (date):
 (2) ordering (specify):

5. ☐ ATTORNEY FEES AND COSTS

a. ☐ Fees: \$

b. ☐ Costs: \$

6. ☐ PROPERTY RESTRAINT ☐ To be ordered pending the hearing

a. The ☐ petitioner ☐ respondent ☐ claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.

☐ The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.

b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.

c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100) and *Temporary Restraining Order (Domestic Violence Prevention)* (form DV-110).

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

10. ☐ **FACTS IN SUPPORT** of relief requested and change of circumstances for any modification are (specify): ☐ contained in the attached declaration.

9. ☐ **OTHER RELIEF** (specify):

8. ☐ **I request** that time for service of the *Order to Show Cause* and accompanying papers be shortened so that these documents may be served no less than (specify number): _____ days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.

b. ☐ The petitioner ☐ respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

Debt	Amount of payment	Pay to
------	-------------------	--------

7. ☐ **PROPERTY CONTROL** ☐ **To be ordered pending the hearing**

a. ☐ The petitioner ☐ respondent is given the exclusive temporary use, possession, and control of the following property we own or are buying (specify):

PETITIONER:	RESPONDENT:
CASE NUMBER:	

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

This form must be attached to another form or court paper before it can be filed in court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)

 _____
(SIGNATURE OF DECLARANT)

- ☐ Petitioner/Plaintiff
- ☐ Respondent/Defendant
- ☐ Attorney
- ☐ Other (Specify):

(See reverse for a form to be used if this declaration is not to be attached to another court paper before filing)

- | | | | | | |
|---|--|----------------|---|---------------|--------------|
| a. Child's name | | Place of birth | | Date of birth | Sex |
| Period of residence
to present | Address
<input type="checkbox"/> Confidential | | Person child lived with (<i>name and present address</i>) | | Relationship |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| b. Child's name | | Place of birth | | Date of birth | Sex |
| <input type="checkbox"/> Residence information is the same as given above for child a.
(If NOT the same, provide the information below.) | | | | | |
| Period of residence
to present | Address
<input type="checkbox"/> Confidential | | Person child lived with (<i>name and present address</i>) | | Relationship |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

- Family Code, § 3400 et seq.
Probate Code, §§ 1510(f), 1512
www.courtinfo.ca.gov

SHORT TITLE: _____	CASE NUMBER: _____
--------------------	--------------------

4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding? ☐ No ☐ Yes (If yes, provide the following information: _____)

a. Name of each child: _____

b. Capacity of declarant: ☐ party ☐ witness ☐ other (specify): _____

c. Court (specify name, state, location): _____

d. Court order or judgment (date): _____

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4? ☐ No ☐ Yes (If yes, provide the following information: _____)

a. Name of each child: _____

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify): _____

c. Court (specify name, state, location): _____

d. Status of proceeding: _____

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child subject to this proceeding? ☐ No ☐ Yes (If yes, provide the following information: _____)

a. Name and address of person	Name of each child	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
b. Name and address of person	Name of each child	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
c. Name and address of person	Name of each child	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached after this page:

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE TITLE	CASE NUMBER:
------------	--------------

Child's name <input type="checkbox"/> Residence information is the same as given for Child a . If NOT the same, provide the information below	Place of Birth	Date of birth	Sex
---	----------------	---------------	-----

Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (<i>name and present address</i>)	Relationship
to			
to			
to			
to			

Child's name <input type="checkbox"/> Residence information is the same as given for Child a . If NOT the same, provide the information below	Place of Birth	Date of birth	Sex
---	----------------	---------------	-----

Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (<i>name and present address</i>)	Relationship
to			
to			
to			
to			

Child's name <input type="checkbox"/> Residence information is the same as given for Child a . If NOT the same, provide the information below	Place of Birth	Date of birth	Sex
---	----------------	---------------	-----

Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (<i>name and present address</i>)	Relationship
to			
to			
to			
to			

Your name and address or attorney's name and address: ATTORNEY FOR (Name): PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	TELEPHONE NO.:	FOR COURT USE ONLY CASE NUMBER:
FINANCIAL STATEMENT (SIMPLIFIED)		

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship _____
3. a. The children from this relationship are with me this amount of time _____ %
 b. The children from this relationship are with the other parent this amount of time _____ %
 c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is _____ \$
 This income comes from the following:

Attach 1
copy of pay
stubs for
last 2
months here
(cross out
social
security
numbers)

☐ Salary/wages: Amount before taxes per month _____ \$
☐ Retirement: Amount before taxes per month _____ \$
☐ Unemployment compensation: Amount per month _____ \$
☐ Workers' compensation: Amount per month _____ \$
☐ Social security: ☐ SSI ☐ Other Amount per month _____ \$
☐ Disability: Amount per month _____ \$
☐ Interest income (from bank accounts or other): Amount per month _____ \$

I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 - a. ☐ Day care or preschool to allow me to work or go to school _____ \$
 - b. ☐ Health care not paid for by insurance _____ \$
 - c. ☐ School, education, tuition, or other special needs of the child _____ \$
 - d. ☐ Travel expenses for visitation _____ \$
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are _____ \$
8. I spend the following average monthly amounts *(please attach proof)*:
 - a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* _____ \$
 - b. ☐ Required union dues _____ \$
 - c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) _____ \$
 - d. ☐ Health insurance costs _____ \$
 - e. ☐ Child support I am paying for other minor children of mine who are not living with me _____ \$
 - f. ☐ Spousal support I am paying because of a court order for another relationship _____ \$
 - g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage _____ \$
 If mortgage: interest payments \$ _____ real property taxes \$ _____
9. Information concerning ☐ my current employment ☐ my most recent employment:

Employer:
 Address:
 Telephone number:
 My occupation:
 Date work started:
 Date work stopped *(if applicable)*: _____

What was your gross income *(before taxes)* before work stopped?: _____

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

Step 8: Keep the remaining copies of the documents for your file.

your return.

months. Take this document and give it to the clerk of the court. Check with your local court about how to submit

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two

of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 3: Make 2 copies of your most recent federal income tax form.

payment notice or your tax return

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

• Are you self-employed?

• Unemployment

• Disability

• Salary or wages

• Welfare (such as TANF, GR, or GA)

• Interest

• Workers' compensation

• Social security

• Retirement

• Do you receive money (income) from any source other than the following?

• Is the other party asking you to pay his or her attorney fees?

• Are you asking the other party to pay your attorney fees?

• Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?

• Are you asking for spousal support (alimony) or a change in spousal support?

use this form:

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT

INSTRUCTIONS

PETITIONER/PLAINTIFF
(SIGNATURE OF DECLARANT)

(TYPE OR PRINT NAME)

Date:

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

12. Other information I want the court to know concerning child support in my case (attach extra sheet with the information).

11. My current spouse's monthly income (before taxes) is \$

10. My estimate of the other party's gross monthly income (before taxes) is \$

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

CASE NUMBER:



SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

Family Court Services Referral Form
2220 Tulare Street, Suite 1111
Fresno, Ca. 93721
(559) 488-3241

FAMILY COURT SERVICES REFERRAL FORM

Previous Contact? Yes ☐ No ☐ Counselor Name: _____
Domestic Violence? Yes ☐ No ☐ Date Closed: _____
Interpreter Needed? Yes ☐ No ☐ Language: _____

Case Name _____ Case No. _____ Date _____
Orientation Date _____ Time _____
Mediation Date _____ Time _____
Court Date _____ Time _____ Department _____
Attorney Name: _____ Court ☐ Dept _____

Petitioner _____ Home Address _____
City _____ State _____ Zip _____ Phone (H) _____ (W) _____
Attorney _____
Notification to Attorney ☐ Client ☐ Forms Given ☐ Mailed ☐ Date Mailed _____

Respondent _____ Home Address _____
City _____ State _____ Zip _____ Phone (H) _____ (W) _____
Attorney _____
Notification to Attorney ☐ Client ☐ Forms Given ☐ Mailed ☐ Date Mailed _____

Claimant _____ Home Address _____
City _____ State _____ Zip _____ Phone (H) _____ (W) _____
Attorney _____
Notification to Attorney ☐ Client ☐ Forms Given ☐ Mailed ☐ Date Mailed _____

Children In Disputed Custody

Number of children 5 years old and older: _____

Name	Date of Birth	Living With
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:	
ATTORNEY FOR (Name):		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
PROOF OF PERSONAL SERVICE		CASE NUMBER:

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (*name*):
3. I served copies of the following documents (*specify*):

4. By personally delivering copies to the person served, as follows:
- a. Date: _____ b. Time: _____
- c. Address: _____

5. I am
- a. ☐ not a registered California process server.
- b. ☐ a registered California process server.
- c. ☐ an employee or independent contractor of a registered California process server.
- d. ☐ exempt from registration under Bus. & Prof. Code section 22350(b).
- e. ☐ a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number (*specify*):

7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.

2. Print the name of the party to whom you handed the documents.

3. List the name of each document that you delivered to the party.

4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.

c. Print the address where you delivered the documents.

5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."

6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.

7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.

8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.: ATTORNEY FOR <i>(Name)</i> :		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION		CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:

1. ☐ CHILD CUSTODY
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested but I consent to the following order:
2. ☐ CHILD VISITATION
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested but I consent to the following order:
3. ☐ CHILD SUPPORT
- a. ☐ I consent to the order requested.
- b. ☐ I consent to guideline support.
- c. ☐ I do not consent to the order requested, but I consent to the following order:
- (1) ☐ Guideline
- (2) ☐ Other (*specify*):
4. ☐ SPOUSAL SUPPORT
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:
5. ☐ ATTORNEY FEES AND COSTS
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

6. ☐ PROPERTY RESTRAINT
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:

7. ☐ PROPERTY CONTROL
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:

8. ☐ OTHER RELIEF
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:

9. ☐ SUPPORTING INFORMATION
- ☐ contained in the attached declaration.

NOTE: To respond to a request for domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100) you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

